

**ANNUAL TRAINING CERTIFICATION FORM**  
**FOR ELECTED OFFICIALS**

BROWARD CODE OF ETHICS FOR ELECTED OFFICIALS

2015 FEB - 2 AM 10: 22

CITY CLERK

NAME OF ELECTED OFFICIAL: ROBERT L. MCKINIZE  
TITLE: COMMISSIONER  
GOVERNMENTAL ENTITY: CITY OF FORT LAUDERDALE  
CURRENT TERM BEGAN ON: 11/04/2014  
CURRENT TERM EXPIRES ON: 03/10/2015  
REPORTING PERIOD: CALENDAR YEAR 20 14

**ALL NEW OFFICIALS CHECK AND COMPLETE IF APPLICABLE:**

- ☒ I CERTIFY that I participated in four (4) hours or more of training in public service ethics, Sunshine law, and public records, within 120 days of taking office and during the reporting period, as follows:  
Date(s) of training: 1/29/15  
Entity providing training: Broward OIG  
Amount of training provided: 4 hours

**ALL OFFICIALS CHECK AND COMPLETE ONE OF THE FOLLOWING THREE BOXES:**

- ☐ I CERTIFY that I was in office during the entire calendar year being reported and participated in eight (8) hours or more of training in public service ethics during the reporting period, as follows:  
Date(s) of training: \_\_\_\_\_  
Entity providing training: \_\_\_\_\_  
Amount of training provided: \_\_\_\_\_
- ☐ I CERTIFY that I took office on or before September 30 of the calendar year being reported and participated in forty (40) minutes or more of training in public service ethics for each full calendar month I was in office during the reporting period, as follows:  
Number of full calendar months in office in the calendar year being reported: \_\_\_\_\_  
Date(s) of training: \_\_\_\_\_  
Entity providing training: \_\_\_\_\_  
Total amount of training provided (including any reported above): \_\_\_\_\_
- ☐ I CERTIFY that I took office on or after October 1 of the calendar year being reported.

**CHECK AND COMPLETE IF APPLICABLE:**

- ☐ Check here if this form amends a previously filed form. THIS FORM REPLACES ALL PREVIOUSLY FILED FORMS FOR CALENDAR YEAR 20 \_\_\_\_\_

SIGNATURE OF ELECTED OFFICIAL: 

DATE OF SIGNATURE: January 29, 2015  
Month Day Year